## FOR STATE HEALTH DEPT.

45440 :

TO DEPUTY MEDICAL IXEMINER: This merificate should be executed within 21 hours after death. If any delay is necessary, please execute the certific, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the function. Page 4 should be farring the word "pending" in pendi in Item, 18. Give Pages 5 may be retain your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State and of Health, are its designated agent, prior to burial, cremation, ar removel, and in any event within 72 hours after death.

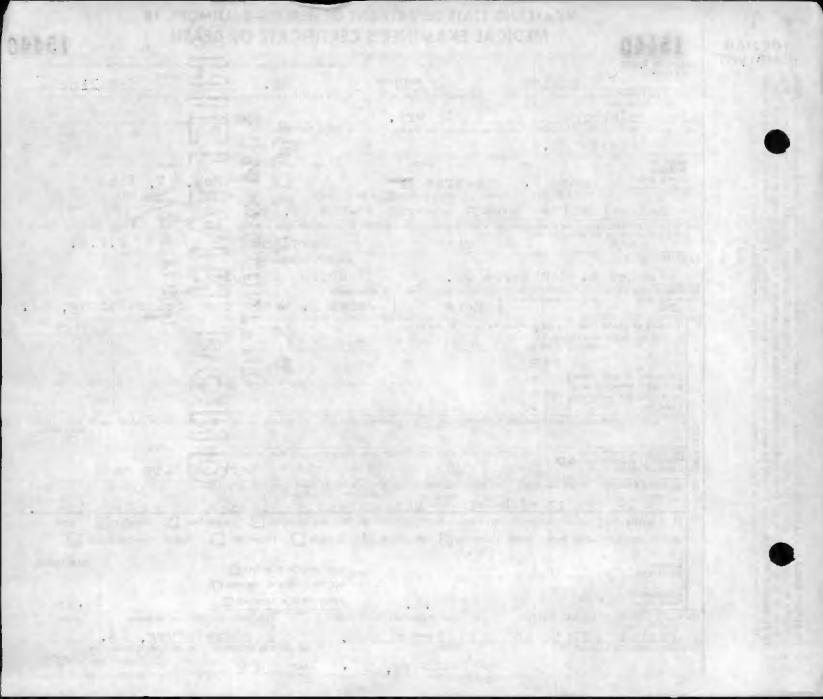
VS. A15ME 5M 2/57

## 18

15 A A A

AKILANU SI	AIE DEPA	KIMENI	OF HEALIH-	-BALIIMUKE,
MEDICAL	EXAMI	VER'S C	ERTIFICATE	OF DEATH

19450			Reg.	Dist. No.	
I. PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased lived. If institution, Resident	dence before admission)	
Caroline	o. STATE Md. b. COUNTY Caroline				
b. CITY OR TOWN (It outside corporate fimility, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write RURAL au	John Str., Nr. Albertale And Staff	
rederalsburg	24 vrs		same	15.1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	Баше	e. IS RESIDENCE	
Liberty Rd.		same		YES NO T	
3. NAME OF DECEASED (Type or print)  James F. Co	niddle pubourne fr	Lout	4. DATE Month OF DEATH NOV. I7. I	966 19	
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE Ilin years IF UNDE	R TYEAR IF UNDER 24 HRS.	
male white wipov	WED DIVORCED	June 24, I	964 22 yrs. Months	Doys Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if refired)	none	RY 11. BIRTHPLACE (Stote		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
James F. Coubourn	ne Jr.	Sharon B	evnolds		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Pes. no. of unknown)   (If yes. give wor or dates at service)		IFORMANT	Address	lsburg, Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediore cause (a), stating the underlying cause lost.  PART II, OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month. Day, Year Hour e. m. 4 p. m.  1 1 7 19 66		or related to the term		ONSET AND DEATH  20minutes  ORT 1(0) 19. WAS AUTOPSY PERFORMED? YES 17 NO 17	
200. EXTERNAL CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURRED. (E				
CAUSE OF DEATH. Paug	ht Chin and he	and between	n Bark of tire r	rack	
20c. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 20e PLAC	E OF INJURY (Home, farmiry, street, office bldg., etc.		aunty) (State)	
4 11/17 1966 0	work of work 2 neg		Federalsburg C	Caroline M.d	
21. I certify that I took charge of the	e remains described above	ve, held on Autops		iry X, and in my	
opinion death resulted from: Natura	l causes []. Accident [	Z, Suicide [], I	Homicide, Undetermined	monner [	
ACTUAL DE BL		CHIEF MEDICAL EX	AMINER [7]	DATE SIGNED	
SIGNATURE STYCES	mnin	_M.D. ASSISTANT MEDICA			
EXAMINER'S Harold B.Plus	nman M.D.	DEPUTY MEDICAL		11.19/66	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or county)		
burial II/20/66	Hillcrest C	em.		Mā.	
23, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246, REGISTRAR'S SI	IGNATURE,	
Harvey William I	ederalsburg.	M d. DATE N	10V 2 3 1966 Jolia	wells Judge	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12111

deoth. unerol 1 ond TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept of Health prior ta burial, cremation, or removal, and in any event, within 7th

tote be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the hospital or ottending physician. al FUNERAL DIRECTOR

15861			CERTITI	CALL	OI DEATH				IU	5.5	
PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceo	sed lived, if institut	tion: Reside	nce befor	e odmissio	n)
o. COUNTY	Caroline		MARYL	AND	o. STATE Mary	land	b. COU	NTY C	aro	line	,
b. CITY OR TOWN (	If outside corporate limits,		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If ou	tside corpori	ote limits, write RU	RAL ond giv	ле пеотез	t town)	
Gree	d give peorest town)		13 yr	S		Gree	nsboro		0	5-1	
d. NAME OF HOSPIT	AL OR INSTITUTION (If not i	n hospitol, g	ive street address)		d. STREET ADDRESS	%T				e. IS RESID	
	None					None				YES	NO X
NAME OF DECEASED (Type or print)	Louis I	√I. Ge	Middle eller		Lost	4. DATE OF DEATH	11-2	th 4-66	Day	Yeo	ar .
. SEX		MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost pithday)	IF UNDER Months	1 YEAR Dovs	IF UNDER Hours	24 HRS Min.
Male	Cau.	WIDOWED	DIVORCED		-11-1895		yrs.				27501.
uring most of working	N (Give kind of work done life, even if retired)	13.00	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Russi		oreign country)	12. CI	TIZEN OF	WHAT	
Bus Drit	ver.	TIE	unsportat	TOIL	14. MOTHER'S MAIDEN I				U , D	· Alex	
							•				
	ur Geller				Fan	nie	?				
	ER IN U.S. ARMED FORCES?  ((If yes give wor or dotes of se	ervice	SOCIAL SECURITY NO.	17.	NFORMANT		Addr	229			
No		00	2-07-772	7	Emma Gell	er	Green	sbor	0,	Md.	
	EATH (Enter only one couse	per line for	(o), (b), ond (c).)							ERVAL BET	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Coron	ary	Disease	with	old		UN	SET AND D	EAIH
420	DUE TO				y Infarct						
Conditions, if ony					clerotic		otro g ou	lon I	14.0		
rise to immediat	te couse (a), ( Dur To			100	OTOTOUTO.	OCH LAL	LO BOLO C U.	-	1		
stoting the under	(c)										
	IGNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELA	TED TO T	'HE TERMINAL DISEASE CON	NDITION GIV	EN IN PART I(o)			WAS AUTO PERFORMI	OPSY ED? NO
	S UNDERLYING  CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED.	Enter noture of injury in	Port 1 or Po	rt II of item 18.)				
	URY Month, Doy, Year m.	20d. IN While of work	Not While		E OF INJURY (Home, form pry, street, office bldg., etc.)		(City or town)	((c	(Yinuc	(	Stote)
21. I certi	ify that (I) (this haspi	ol) otteno	ded the deceased f	rom			to Nov.				
saw The d	eceased alive on_N	OV.	24 19 <b>66</b> , ai	nd that	death accurred at		M, from couses	ond on t	the dat	e stated	abo
220 SUSNATURE	. O. SAI 7	8	- /	M.E	ATTENDING ATTENDING	MED. DIRECTOR	STAFF		DATE SIGN	166 166	
22 PHYSICIAN'S	241 /H 11	1 CLP	expose		22d. ADDRESS	DIRECTOR	L PHYS. L	3 2.0			
NAME (Type	Charles	H. St	tonesifer	, M.	D Gree	ensbo	oro, Md.	216	539		
30. BURIAL, CREMATIC		OF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. L	OCATION (City or To	own)	(County	) (5	tote)
Burial Specify	11-27-	56	Green	sbo	ro	Gr	eensbor	0. N	d.	,	
24. FUNERAL DIRECTO		/	ADDRESS		25o. REC'E	BY REGIST	RAR 25b. R	GISTRAR'S	SIGNATUR	35	
gohn ?	Boula	s 4	Greensh	oro	, Md DATE N	10V 2	9 1966	yello	relex	Jud	ge

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tate department of health W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE. MEDICAL EXAMINER PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, & institution: Residence before edinission) director, Page or your files.

Department of death. e. COUNTY b. COUNTY BURRENLAHD b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) write RURAL and pive-georest los d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any date, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by B. Page 3 should be used a burial-transit permit. File pages 1 and 2 with the State agent. Drior to burial, cremation, or removal, and in any event within 72 hours after YES NO D 3. NAME OF First Middle DATE Month Day Year DECEASED OF (Type or print) DEATH 19 0 12 6. COLOR OR RACE 7. MARRIED 19. AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 8. DATE OF NEVER MARRIED (Pythday) Months Days Hours Min. WIDOWED 1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME ARMED FORCES? 1 16. SOCIAL SECURITY NO 17. INFORMANT Address o, or upkown) [ (If yes give we randetes al service) CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventrigular Failure econds DUE TO congestive Cardiac Chronic yrs Conditions, it any, which e, writing the word "pending" he Chief Medical Examiner's C : Page 3 should be used as a bent, prior to burial, cremation, cremation, gave rise to immediate cause DUE TO (e), steting the underlying Generalized 20yrs erioslerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES none 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL should be forwarded to the Chi 2 Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Stele) lectory, street, office bldg., etc.) While Not While its designated agent, st work et work ertificate, X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undelermined manner death resulted from: Natural causes Suicide Homicide Accident CHIEF MEDICAL EXAMINER ACTUA DATE SIGNED ASSISTANT MEDICAL EXAMINER please execute 4 should be for FO FUNERAL Health or its d SIGNATUM TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Harold .Plummer NAME (Type) Address (Street, city, town, or county) 22d. AOCATION (City, lown, or country) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Slete) REMOYAL (Specify) 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

21161 AND STATE OF THE PARTY OF THE PARTY. power! with the Zalutana 44 . . THE BUTCH CHARLEST CONTRACTOR OF THE PARTY O The state of the s

FOR STATE

HEALTH DEPT.

P.M3. Page necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to with the State Department of within 72 hours ofter death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer Beath. If any delay is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 Health or its designated agent, prior to buriol, cremation, or removal, and in any event

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15443 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15443

a COUNTY	Caroline		MARYL	0.	STATE	(Where deced	osed lived, if instill b. CO	UNTY	nce befor nate		ion)
b. CITY OR TOWN write RURAL of Feder	(If outside corporate limit and give nearest town) alsburg	s,	c. LENGTH OF STAY IN	lb c. CIT		outside corpoi Palmet	rote limits, write R	URAL and giv	e neores	st town)	- 3
d. NAME OF HOSE	PITAL OR INSTITUTION (IF n	ot in hospital, g	give street oddress)	d. ST	REET ADDRESS					e IS RESI ON A F	DENCE
Ble	oomingdale A	venue								YES	NO 3
3. NAME OF DECEASED (Type or print)		nest	Middle	Scott	Lost	4. DATE OF DEATE	Non	nth v <b>e</b> mber	Doy 2		ear 66
s. sex Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		OF BIRTH 31, 19		9. AGE (In years lost birthdoy)	IF UNDER Months	Doys Doys	IF UNDE Hours	R 24 HRS Min.
	ON (Give kind of work done ng life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY Farm		BIRTHPLACE (Stote	3		12. CI CO	TIZEN OF JUNTRY? USA	TAHW	
13. FATHER'S NAME Ear:	l Scott			14. N	OTHER'S MAIDEN		shingtor	1			
	VER IN U.S. ARMED FORCES?  (If yes give wor or dates  WW I	of service)	social security no.  nknown	17. INFORM		wer, F	Palmetto,	ress Flor	ida		
PART I. DI		(o) ACU TO CON	(c), (b), ond (c).) ate Corons ronary Ar	tery S		18	3		3/	year	DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO THE TERM	AINAL DISEASE CO	INDITION GIV	'EN IN PART 1(o)			WAS AUTO PERFORM	OPSY MED?
CALISE OF DEATH	ONTRIBUTING	20b. DES	SCRIBE HOW INJURY OCC	URRED. (Enter no	oture of injury in	Port I or Po	ort II of item 18.)				
Hour (	NJURY Month, Doy, Yeor o.m. p.m. 19	20d IN While at work	Not While		JURY (Home, for et, office bldg., etc		(City or town)	(Cou	unty)		(Stote)
deoth resu	ify that I took charg	e of the rem		ve, held on Suicide	Autopsy,  Homicide CHIEF MEDICAL	e 🔲 , U	ion 😿 , Ind Indetermined r	nanner	ond	in my	apinia
SIGNATURE	Tuve V	The	mune	M.D.	ASSISTANT MEI	DICAL EXAMI	NER 🗌			2. DATE	
EXAMINER'S NAME (Type)	Harold B.	Plumme	r M.D.		DEPUTY MEDIC Address (Stree				11	1/6/	66
23o. BURIAL, CREMAT REMOVAL (Speci Remova	TION, 23b. DATE TH Nov. 7		23c. NAME OF CEMETE Memphis				OCATION (City or T		(County)	(5	itote)
Framptom	Funeral Hon	ie I	Federalsbur		250. REC	D BY REGIST		EGISTRAR'S ST	CALATIER	Jus	ye

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Louis Lincolner, Valencia, Chirida

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH of F 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Caroline b. COUNTY Maryland Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Henderson yrs Rural Henderson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? None None YES NO Middle 3. NAME OF 4 DATE DECEASED OF DEATH Charles Seals (Type or print) 11-22-66 S. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last\_hirthday) Haurs Male Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af wark dane 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY,? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Seals Carrie Walker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pag, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown Eva Hutchins Goldsboro. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Disease IMMEDIATE CAUSE (a). DUE TO Arteriosclerotic C.V.Disease Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Prostatic Hypertrophy with Urinary Retention YES 🗍 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Nat While factory, street, office bldg., etc.) at wark ot wark Feb. 2, 19 66, to Nov. 22, 19 66 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram\_\_\_\_ say the deceased alive an Nov 21 166, and that death occurred at \_\_\_\_\_M, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. Nov. 23/66 PHYS. 22d. ADDRESS 224 PHYSICIAN'S Charles H. Stonesifer, M.D. NAME (Type) Greensboro, Md. 21639 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23g. BURIAL CREMATION. REMOVAL (Specify) Price, Md. Roseville 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR-Greensboro, Md.

The low requires that the death certificate by executed within 24 hours after death. popers. Poges I hin 72 hours ofter ⊆ leose remove carbon and in any event, wit removol. I ben buriol, cremotian, or signed by the burial-tronsit O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending os the has been be detoched for use State Dept. of Health TO FUNERAL DIRECTOR: After this certificate oge 3 should I director, poge should be filed

VR A15 (4) 20 M 1/66

3487. Journal District Comment of the Comm The section of player Complaint and the face of the state of th Town to the state of the state 

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

P.M.3. Poge

Office olong with form

in pencil in Item 18. Give Pages 1,

This certificate shauld be exacuted within 24 hours ofter death. If

2, and 3

the funeral director. Page 4 should be forwarded to the Chief Medical Examines -

nacessory, pleasa execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15 A A E

	NI 14 1		1454)				
	PLACE OF DEATH O. COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline					
1	b. CITY OR TOWN (If autside corporate limits,  REPUBLICAN REPUBLICAN STAY IN 16  28 Yrs.	c CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve neorest fown)				
(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  None	d. street address None	e. IS RESIDENCE ON A FARM? YES NO				
	NAME OF PROBLEM   First Stanley   Middle   Office Strain   Stanley   Strain   Strain	nahan OF 11	20 19 66				
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-11-1938  9. AGE (In years if UNDER Months)  yrs.	Doys Hours Min.				
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 10b KIND OF BUSINESS OR WOLKES		ITIZEN OF WHAT				
13,	Stanley Stranahan	Katherine Horny	_				
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (If yes give wor or dotes of service) 219–36–6241	Mariam Stranahan Ridgely	, Md.				
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Internal emor  DUE TO  Conditions, if ony, which gove ) (b) Self infliected	chage  gunshot wound of abdomen	INTERVAL BETWEEN ONSET AND DEATH TOMINUTES  10mi =ute				
	rise to immediate couse (a), stating the underlying couse lost.						
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO COMPANY OF THE PROPERTY OF T		PERFORMED? YES NO				
CERTIFICATION		iD. (Enter nature of injury in Port I or Port II of item IB.) with a 22 rifle bullet					
MEDICAL		PLACE OF INJURY (Home, form, octory, street, office bidg., etc.)  RFD Ridge 184	ounty) (State)				
	21. I certify that I took charge of the remains described above,	held on Autopsy, Inspection, Inquiry, vicideX, Homicide, Undefermined manner	ond in my opinior				
	ACTUAL SIGNATURE COMPANY	CHIEF MEDICAL EXAMINER	22. DATE SIGNED				
	EXAMINER'S Harold B. Plummer	Address (Street, city, town, or county)	11/22/66				
	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL 11-23-66 Greensbor	o Greensboro, Ma	(County) (Stote)				
24.	FUNERAL DIREGOR ADDRESS TO BOULDER STREET OFFICE ME	Q. PSO REC'D BY REGISTRAR 250 REGISTRAR'S DATE 250 REGISTRAR'S JUINE	SIGNATURE Judge				